

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		25	03-31-00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>✓</i>		5-10-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	
Final	Original	
1	<i>✓</i>	<i>5/1/00</i>
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22	<i>✓</i>	<i>5/1/00</i>
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33	<i>✓</i>	<i>5/1/00</i>
34	<i>—</i>	<i>—</i>
35	<i>✓</i>	<i>5/1/00</i>
36	<i>✓</i>	<i>5/1/00</i>
37		
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39	<i>✓</i>	<i>5/1/00</i>
40	<i>—</i>	<i>—</i>
41	<i>✓</i>	<i>5/1/00</i>
42	<i>✓</i>	<i>5/1/00</i>
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49	<i>✓</i>	<i>5/1/00</i>
50	<i>✓</i>	<i>5/1/00</i>

Claim	Date	
Final	Original	
51	<i>✓</i>	<i>5/1/00</i>
52	<i>✓</i>	<i>5/1/00</i>
53	<i>✓</i>	<i>5/1/00</i>
54	<i>✓</i>	<i>5/1/00</i>
55	<i>✓</i>	<i>5/1/00</i>
56	<i>—</i>	<i>—</i>
57	<i>✓</i>	<i>5/1/00</i>
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
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